U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	TIMMIE	KEI	VIS		_	CA NO A	SER - 013 G	— MS
DEFENDANT TOSEPH SABATO						TYPE OF PROCESS		
SERVE (NAME OF INDIVID	UAL, COMPANY,	CORPORATIO	N, ETC., TO SERVE		PTION OF PROPERTY	O SEIZE OR CONDE	EMN
• Į	STAFF	CT A	T 11	E /+ R	<u> </u>	<u>-</u>		
AT	ADDRESS (Street of			-	19	809		
	OF SERVICE COPY TO				— Number	of process to be	1/	
TIMME WEWIS SBI # 506622 DEL. CORR. EENTER 1181 PADDOCK RO SMYRNA, DE 19977						served with this Form - 285		
						Number of parties to be		
						in this case	11	
						Check for service on U.S.A.		
	RUCTIONS OR OTHER ers, and Estimated Times			SIST IN EXPEDITIN	G SERVICE	(Include Business and	Alternate Addresses,	
we)	eks As	A 57	TAFF	CT.	AT	THE HI	RYCI	Fold
•		Com	PLAIN	TS ARE	DATE	D: 7/18	106	
				A. Den	710)	3/29	10th 05	
	(FOICH	IA F	HUPER	-10 1	10/3	05	
Signature of Attor	mey or other Originator rec	uesting scrvice on	behalf of:	PLAINTIFF	TELEPI	HONE NUMBER	DATE /	<u> </u>
()	-mul	Jaw	-6_	☐ DEFENDAN	11 V	//+	7/17/	06
SPACE BI	ELOW FOR US	E OF U.S.	MARSHA	L ONLY — D	O NOT	WRITE BELO	W THIS LIN	Æ
I acknowledge rec	•	Process District	District	Signature of Auth	orized USMS	S Deputy or Clerk	Datc	
number of process (Sign_only_first \) than one USM 28	USM 285 if more	of Origin	No	BE	7		10-4	f-c
I hereby certify ar	nd return that I have pers	soually served,	have legal evider	ace of service, ☐ have	executed as s	shown in "Remarks", the	process described	=
on the individual,	company, corporation, cte	., at the address sh	nown above or on	the individual, compa	ny, corporation	on, etc., shown at the ad	dress inserted below.	
I hereby certi	ify and return that I am	unable to locate th	he individual, co	ompany, corporation,	cte., named	above (See remarks be	low)	
Name and title o	of individual served (if no	t shown above)	dmir) Offic	l K		suitable age and dis- residing in the defenda of abode.	
Address (complete	e only if different than sho	wn above)				Date of Service	Time	(am)
						10/5/00	900	pm
						Signature of U.S	Marshal or Deputy	
		 						
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount ov	wed to U.S. Marshal or	Amount of Without	j
								ባ <u>-</u>
REMARKS:							STREE C	ກ ວ
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							8: 49	
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